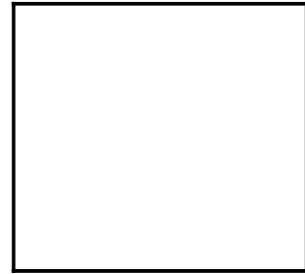


**INLAKS SHIVDASANI FOUNDATION  
INLAKS RESEARCH STUDENTSHIP AT THE KING'S INDIA INSTITUTE  
APPLICATION FORM**



PHOTO

NAME OF THE APPLICANT- Mr/Ms

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DATE OF BIRTH

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PERMANENT ADDRESS

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PRESENT POSTAL ADDRESS

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E-MAIL ADDRESS

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MOBILE / TELEPHONE

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UNIVERSITY REGISTERED AT

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DATE OF Ph.D REGISTRATION

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SUBJECT

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TOPIC OF RESEARCH

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NAME OF THE SUPERVISOR WITH  
CONTACT DETAILS

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NAME, ADDRESS AND OTHER CONTACT DETAILS OF NEAREST RELATIVE OR OTHER PERSON TO CONTACT IN CASE OF NEED

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NAMES, ADDRESSES AND CONTACT DETAILS OF TWO REFEREES, EXCLUDING THE SUPERVISOR.

NAMES	DESIGNATION	CONTACT NO	EMAIL
1			

2			

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SIGNATURE OF THE CANDIDATE

DATE

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PLACE

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